Posey County DTF Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	01-31-2014	Address:	#2 Farrar Lane
Incident #:	14ISP00826		Griffin, In
County:	Posey		47616
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
☐ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
(check all that	: Location (bedroom, kitchen, open air, of apply) or Birch Reaction(s):	etc)	
Red Phosphorous/Iodine Reaction(s):			
Hydrochloric Acid Gas Generator(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
Vehicle Information:			
Owner: VIN: Year:		Make: Model:	
\boxtimes Yes $\underline{1}$ (n $\underline{\square}$ No	age 18 discovered (check appropriate) umber present) not present but evidence they reside	unclean Estimated les occurring: 6	tions of home: clean \infty disarray ngth of time manufacturing had been months nformation:
This report l	has been faxed* or emailed to the fo	llowing agencies th	at serve the location:
Health Depar	ent City, Township or County <u>Griffin</u> tment County: <u>Posey County</u> of Child Services Hotline: <u>dcshotlinere</u>	Fax:	_
	ormation regarding this methamphetar Officer: K.Rose Phon	nine laboratory, cont e <u>812-838-8675</u>	eact

^{*}This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.